

 City of Paris		APPLICATION FOR EMPLOYMENT															
Position Applying For:			Date Available:														
Name	Last Name	First Name	Middle														
Address	Street	Apt #	City State Zip														
Home Phone #	Business/Secondary Phone #																
		If you are under the age of 18 can you furnish a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>														
Have you ever been previously employed by the City of Paris?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If so when:														
Have you any objections to the City of Paris making inquiry of your present employer regarding your character, qualifications, etc.?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes to any question, please explain on a separate sheet.														
Have you ever been discharged or forced to resign?		Yes <input type="checkbox"/> No <input type="checkbox"/>															
Have you ever been convicted of an offense in an adult court? <small>A conviction will not automatically exclude you from consideration.</small>		Yes <input type="checkbox"/> No <input type="checkbox"/>															
Education	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 <small>Circle Last Grade Completed</small>																
Name of School		Location of School		Degree or Diploma Received													
Complete this section if you have previous military service.																	
Branch of Service																	
Army <input type="checkbox"/>	Air Force <input type="checkbox"/>	Coast Guard <input type="checkbox"/>	Discharge Date														
Marine Corps <input type="checkbox"/>	Navy <input type="checkbox"/>	Other _____	Reserve Member?	Yes <input type="checkbox"/> No <input type="checkbox"/>													
List names, addresses, and phone numbers of three references other than relatives and past employers:																	
Name		Address		Phone													
Valid Drivers License #			State Issued by														
Has your license ever been suspended or revoked?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please explain on a separate sheet of paper.														
POLICE AND FIRE APPLICANTS ONLY																	
Are you a U.S. Citizen?		Yes <input type="checkbox"/> No <input type="checkbox"/>															
Height			Weight														
	Feet	Inches		Pounds													

What labor skills do you have?

Additional training, scholastic honor, membership in professional organizations, etc.

Can you perform all required duties of this position? See job description.

EXPERIENCEPlease list below a complete statement of your work history. List your most recent employer FIRST. Be specific, as your experience rating will be based on this information.

Employer	Name and Address		Phone Number	
Position Held		Name of Supervisor		
Dates of Employment	From	Month	Year	To
Monthly Salary	From	To	Reason for Leaving	
Employer	Name and Address		Phone Number	
Position Held		Name of Supervisor		
Dates of Employment	From	Month	Year	To
Monthly Salary	From	To	Reason for Leaving	
Employer	Name and Address		Phone Number	
Position Held		Name of Supervisor		
Dates of Employment	From	Month	Year	To
Monthly Salary	From	To	Reason for Leaving	

CERTIFICATION

I certify that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement of material facts will subject me to disqualification or dismissal.

Applicant:

Signature

Date